

For Eligible Employees of the United States Government only. See instructions reverse side.

To The War Agencies Employees Protective Association
1040-43 Washington Bldg., 15th & New York Avenues, Washington 25, D. C.

I, _____ (full name typed or printed)
hereby make application for membership in The War Agencies Employees Protective Association.

I understand that if admitted to membership I shall be eligible to apply for Group Life Insurance under the Group Contract issued to the Association by The Equitable Life Assurance Society of the United States and I hereby apply for the amount of insurance for which I shall become eligible under the Group Insurance Plan. For purposes of becoming insured I certify that I am actively at work and in good health on the date of this application and eligible for membership under the rules of the Association and have not attained the age of sixty (60) years.

I was born year _____ month _____ day _____ I designate as my Group Life Insurance beneficiary
Primary _____ Relationship _____
(Mary Smith Jones—NOT Mrs. John E. Jones)
Home Address of Insured _____

NOTE: If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the member; if no such beneficiary survives, payment will be made in accordance with the terms of the policy.

You may elect to have the proceeds of your Group Life Insurance becoming due under the Group Insurance certificate as a member of The War Agencies Employees Protective Association payable, in a single sum, or in a variety of installment options offered by the Equitable Life Assurance Society. Write us for details.

My salary is \$..... Salary classification determines amount.
Date of overseas assignment.....

PLAN OF INSURANCE

AGE GROUP	BASIC SALARY	AMOUNT OF BASIC POLICY	CURRENT DIVIDEND*** ADDITIONS		TOTAL COVERAGE	COST PER MO.*
			Life Insurance	Accidental Death Benefit		
Up to 40 incl.	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$4.17
	3,200 and over.....	10,000	2,000	15,000	27,000	8.33
41-50 incl.	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$ 5.21
	\$3,200 and over.....	10,000	2,000	15,000	27,000	10.42
51-60	Less than \$3,200.....	\$ 5,000	\$1,000	\$ 7,500	\$13,500	\$ 6.25
	\$3,200 and over.....	10,000	2,000	15,000	27,000	12.50

* In addition an initial \$2 membership fee is required.

** The established policy of the Association has been to liberalize benefits for members as fast as favorable experience warranted. We have followed a conservative policy so that when any action has been taken it seemed

reasonably certain that benefits once declared could be maintained indefinitely into the future. No benefits heretofore granted have ever been retracted.

METHOD OF PREMIUM PAYMENT: In every case the applicant is required to make an initial quarterly payment together with a \$2.00 membership fee.

ELIGIBILITY: Membership and Group Life Insurance is offered to:

1. All employees of American citizenship now outside the continental limits of the United States, wherever domiciled.
2. All employees located in the United States now in training for duties abroad or awaiting transportation.
3. All supervisory or administrative employees located in the United States who in the normal course of their duties are required to make trips abroad.
4. Directors of training programs for such employees.

Membership is limited to individuals in the above classes who are actively engaged as employees of the U. S. Government. You become insured as of the date you apply.

Applicant sign here _____

(Print Full Name Here)

Name of Agency or Dept. of Govt.

Date signed _____
Name and address of person to whom certificate is to be sent:
(Permanent reference point within United States unless otherwise indicated)

Be sure and sign medical statement on reverse side.

Name _____
Address _____

Eligibility of applicant certified by Personnel Officer,
Head of Mission or Superior Officer

Signature of Certifying Officer

Title _____ Agency _____

States and until the insured attains the age of 65. This is a Mutual Non-Profit Association with good standing and the member continues actively employed in Government service whether abroad or in the United States and so long as you continue your premium payments and are a member of the Association Protection may be continued so long as you continue your premium payments and are a member of the Association available at your local station, please send your request to the War Agencies Employees Protective Association, 1040-43 Washington Building, 15th and New York Ave., N. W., Washington 5, D. C.

Our books are distributed throughout the World through personnel offices of the U. S. Government. If none is available at your local station, please send your request to the War Agencies Employees Protective Association, 1040-43 Switzerland, the United States branch of which is located in New York City.

The Accidental Death Benefits are underwritten by the Accident and Casualty Insurance Company of Winterthur, Switzerland, the United States branch of which is located in New York City.

The maximum claim permissible will, therefore, be \$27,000.00 (\$12,000.00 Life Insurance; \$15,000.00 Accidental Death Benefit) under the upper salary classification, and \$13,500.00 (\$6,000.00 Life Insurance; \$7,500.00 Accidental Death Benefit) under the lower salary classification.

This additional coverage has been granted on a year to year basis but it is hoped and expected that this coverage will be continued through subsequent years. In any event every insured member will enjoy this additional coverage throughout July 20, 1951.

This additional coverage will be forwarded together with the basic policy to all insured members.

Insurance will be the beneficiary under the accidental death benefit unless otherwise designated by you. Individual certificates evidencing this coverage will be forwarded together with the basic policy to all insured members.

Also, an Accidental Death Benefit of either \$7,500.—or \$15,000.—corresponding to the salary classification determining the amount of your life insurance, was granted without additional cost to every member in good standing and also to new members approved subsequently to that date, was declared by the Board of Directors. Life Insurance contracts were increased by 20% of the face amount of the basic policy without extra contribution.

On July 21, 1950, a dividend applicable to all members of the Association in good standing, and also new members approved subsequently to that date, was declared by the Board of Directors. Life Insurance contracts were increased by 20% of the face amount of the basic policy without extra contribution.

Should you pay your premium in advance and terminate your service with the United States Government any unearned premiums will be refunded.

Members may also pay for the insurance quarterly, semi-annually, or annually in advance by direct remittance to the Association. The allotment method is recommended to prevent possible termination for non-payment of premiums.

Most of the group premium by allotment subsequent to the first quarterly cash payment.

Standard Allotment Form 1122, if available in your Agency, may be executed by applicants to provide for the payment of the group premium by allotment in accordance with the first quarterly cash payment.

Date _____ Signature of Employee _____ Witness to Signature _____

8. (For Female Employee) Are you now pregnant? (Yes or No)

If "Yes", give reasons and dates _____

7. Do you contemplate, or have you ever been advised to have, any hospital treatment or surgical operation? (Yes or No)

If "Yes", give reasons and dates _____

6. Have you ever been under treatment in any dispensary, hospital, or asylum? (Yes or No)

If "Yes", give reasons and dates _____

5. Have you consulted, or been treated by, a physician or practitioner during the past 12 months? (Yes or No)

If "Yes", give details _____

4. Do you have any impairment of vision or hearing or mental or physical defects? (Yes or No)

If "Yes", give details _____

3. Have you been absent from work due to disability within the past three months? (Yes or No)

If "Yes", give dates and causes _____

2. Are you now in good health? (Yes or No) If "No", give details _____

1. Date of Birth _____ Sex _____ Height _____ Weight _____